

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90470 033 ***150.00

0046691 AV

DOCUMENT # J98375

1. Entity Name

WESTSIDE OUTDOOR, INC.

Principal Place of Business

% CHARLES S. ISLER, III
 434 MAGNOLIA AVE.
 PANAMA CITY FL 32401

Mailing Address

% CHARLES S. ISLER, III
 434 MAGNOLIA AVE.
 PANAMA CITY FL 32401

020200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2855583

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISLER, CHARLES S., III
 434 MAGNOLIA AVE.
 PANAMA CITY FL 32401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	EASLEY, JON T.	
STREET ADDRESS	7116 B SINGLETON CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	TS	<input type="checkbox"/> Delete
NAME	EASLEY, JON T. (ASST)	
STREET ADDRESS	7116 B SINGLETON CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	SVT	<input type="checkbox"/> Delete
NAME	EASLEY, ROBERTA A.	
STREET ADDRESS	7116 B SINGLETON CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	D	<input type="checkbox"/> Delete
NAME	EASLEY, ROBERTA A.	
STREET ADDRESS	7116 B SINGLETON CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Jon T. Easley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon T. Easley, President 4/4/02 850/874-1140

Date

Daytime Phone #

CR2E034 (9/01)